

Section 11: Brief Checklist of Requirements (Prior to the start of job) to comply with the OSHA Asbestos Standard in Removing Asbestos-Containing Floor Covering using the Recommended Work Practices

Date: _____

(A) Competent Person Requirement

_____ has successfully completed the 12-hour competent person training course
Initial Employee Name

in accordance with the provisions of the OSHA standard and is qualified to conduct the negative exposure assessment (NEA) and supervise the removal activities on this job. Competent person will conduct "on-site" NEA inspection prior to start of job and will be available during the removal operations to inspect the job site at employee request or as necessary as a result of changed conditions that may prevent completion of the work using the RWP.

(B.) Negative Exposure Assessment

_____ Job site has been surveyed to confirm that the flooring material is intact, that the Recommended Work Practices
Initial can effusively be used to remove flooring on this job, and that the flooring is likely to remain Intact throughout the removal process. (Intact meaning that the flooring has not crumbled, been pulverized, or deteriorated so that it is no longer likely to be bound within its matrix. Incidental breakage of floor tiles during removal operations using the recommended work practices does not mean that the material is not removed in an Intact condition.

_____ Conditions of removal work to be completed on this job closely resemble the processes, type of material,
Initial control methods, work practices, and environmental conditions in the jobs outlined on page 5 of this brochure and further described in the Environ Report dated May 1, 1992.

_____ The TWA and excursion limits during proposed job are anticipated to resemble those in the Environ test reports
Initial (See Pages 3 and 4).

_____ This form and RWP booklet will be readily available at the job site for inspection by OSHA officials.
Initial

_____ The work practices described in the Recommended Work Practices for the Removal of Resilient Floor
Initial Covering will be followed.

_____ If workplace conditions on the job change during the removal of resilient floor covering, and do not resemble
Initial those removal jobs described in the Environ Report or the Recommended Work Practices are no longer used on this job, I understand that the NEA is no longer valid and additional protective steps (regulated area) must be taken in accordance with the OSHA Asbestos Standard.

(C) Worker Training Requirements

_____ The following individuals who will be performing the resilient floor covering removal work have successfully
Initial completed an approved 8-Hour training course covering asbestos subjects as well as training in the use of the Recommended Work Practices in accordance with the provisions of the OSHA standard.

_____	_____
Employee Name	Date Completed Training Course
_____	_____
Employee Name	Date Completed Training Course
_____	_____
Employee Name	Date Completed Training Course

_____ I have reviewed the job records of the individuals listed above and confirm that those employees who have
Initial worked with ACM have done so at levels below the PEL and for less than 30 days this calendar year. If an employee has worked with ACM 30 or more days or at or above the PELs, I understand that the employee must have a medical examination before participating in this removal job and annually thereafter.

(D.) Notification and Demarcation

_____ Before the start of this removal job the following individuals must be notified of the presence and location of ACM
Initial and of the planned removal activity: (1) employees performing the removal work, (2) employers of employees working in adjacent areas (not separated from the work area by either a wall, closed door or window, or other impermeable barrier), and (3) the building owner.

_____ Warning signs have been posted and area has been demarcated
Initial

Job Information

Job/Order Number: _____

Date of work operation: _____

Name of work site: _____

Address of work site: _____

Description of work operation: _____

(include type and size of resilient floor covering material removal methods used and time duration of removal activity). _____

Names of Employees Involved in Work Operation:

Social Security Nos

This completed form should be maintained by the employer in the employee personnel file for 30 years. The employer should have a copy of the Environ Report dated May 1, 1992, in its possession.

Signature of Authorized Representative of Employer Who Has Assigned Competent Person to this Job

Signature of Competent Person

Name of Employer

Address

Date

(Local Reproduction Of This Form Authorized)